

COVID ADVANCE MEDICAL DIRECTIVE

1. In case of emergency, I, _____, do not consent to ANY COVID-19 vaccination, testing, ventilators or Remdesivir/Veklury as is my right. It is an indictable offence to violate my right to refuse these treatments or to withhold any medical care because of it.
2. If I need treatment for COVID-19, I insist that the treating physician use effective alternatives such as antivirals, vitamins C & D3, quercetin, zinc, HCQ, ivermectin and inhalers.



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Name: _____
Signature: _____
Date: _____



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Attn: Medical Personnel

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CUT
AROUND
THE
DOTTED
LINE

FOLD HERE

CUT
AROUND
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FOLD HERE

Cut out the above Advance Directives following the outer dotted lines and fold each one in half.

Fill in your name on the front and your full legal name, signature and date on the back.

Then tape the each side of the completed Directive to your Care Card, leaving the top edge of the Care Card visible.

Finally, take a photo of the Advance Directive attached to your Care Card for future evidence of your wishes.

Action4Canada accepts no responsibility or liability for any harms or losses that occur as a result using this Advance Directive. If you do not agree to what is specified on the above card please do not sign or use it. It is not intended as medical advice and you should consult your personal healthcare professional before use.